

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Maternal Mortality Rates Lower

In 1931 there were 510 maternal deaths in California with a maternal death rate of 6.2. In 1932 there were 448 maternal deaths in California with a maternal death rate of 5.7. In the larger cities of the State similar decreases in maternal mortality rates are shown.

	1932		1931	
	Number	Rate	Number	Rate
Los Angeles	121	7.2	161	9.1
Oakland	19	4.8	23	5.5
San Francisco	36	4.8	40	5.2
San Diego	11	4.2	13	5.3
Sacramento	11	5.6	10	5.0
Long Beach	7	3.5	11	5.7

Higher rates prevailed last year in some of the rural districts of the more thickly populated counties, as is shown in the following table which covers the territory of each county exclusive of incorporated cities:

	1932		1931	
	Number	Rate	Number	Rate
Butte County	7	19.4	1	2.5
Fresno County	12	7.5	8	4.6
Imperial County	10	12.5	1	1.2
Los Angeles County	15	3.2	14	2.6
Santa Clara County	8	6.5	10	8.7
Tulare County	5	4.7	8	7.8
Ventura County	5	10.1	6	12.7

The maternal death rate for the unincorporated area of Los Angeles County is particularly low.

The maternal mortality rates in certain other cities are as follows:

	1932		1931	
	Number	Rate	Number	Rate
Fresno	3	4.6	7	10.4
Eureka	4	10.6	4	11.0
Santa Monica	5	8.0	4	5.9
Glendale	5	4.9	7	6.2
Riverside	6	9.6	8	12.3
Santa Ana	2	5.3	1	2.1
San Bernardino	10	11.2	3	3.8
Stockton	2	3.4	2	2.9
Santa Barbara	4	8.1	6	10.8

	1932		1931	
	Number	Rate	Number	Rate
San Jose	3	5.0	1	1.3
Vallejo	3	14.3	4	18.5
Modesto	5	10.0	4	6.6

MATERNAL MORTALITY

	1932		1931	
	Number	Rate	Number	Rate
Alameda County	22	4.0	25	4.3
Oakland	19	4.8	23	5.5
Alameda	1	3.1	---	---
Berkeley	1	1.7	---	---
San Leandro	---	---	---	---
Albany	1	7.9	---	---
Hayward	---	---	1	9.6
Piedmont	---	---	---	---
Alpine County	---	---	---	---
Amador County	---	---	---	---
Butte County	9	15.7	2	3.3
Chico	2	9.4	1	4.5
Calaveras County	1	22.7	---	---
Colusa County	---	---	1	6.7
Contra Costa County	5	5.2	3	2.8
Richmond	1	3.9	---	---
Martinez	3	13.5	---	---
Pittsburg	---	---	2	11.2
Del Norte County	---	---	1	18.1
El Dorado County	---	---	---	---
Fresno County	15	6.7	15	6.2
Fresno	3	4.6	7	10.4
Glenn County	2	12.7	---	---
Humboldt County	4	6.4	6	9.3
Eureka	4	10.6	4	11.0
Imperial County	15	10.3	4	2.3
Brawley	2	5.7	1	2.5
Calexico	1	7.4	1	5.2
El Centro	2	11.1	1	3.7
Inyo County	---	---	1	10.2
Kern County	5	3.5	10	6.8
Bakersfield	1	2.1	6	10.6
Kings County	1	2.3	3	6.8
Hanford	---	---	2	10.9
Lake County	---	---	3	44.1
Lassen County	---	---	2	8.4
Los Angeles County	175	5.8	222	7.0
Los Angeles	121	7.2	161	9.1
Alhambra	---	---	1	5.3
Long Beach	7	3.5	11	5.7
Pasadena	3	2.8	7	6.6
Pomona	3	9.2	1	2.8
Santa Monica	5	8.0	4	5.9
Glendale	5	4.9	7	6.2
Monrovia	2	20.6	---	---
Redondo Beach	---	---	---	---
Whittier	---	---	2	5.8
South Pasadena	1	66.6	1	125.0
Arcadia	---	---	---	---

MATERNAL MORTALITY—Continued

	1932		1931	
	Number	Rate	Number	Rate
Los Angeles County—Continued				
Bell	---	---	---	---
Beverly Hills	---	---	---	---
Burbank	1	5.3	---	---
Compton	2	9.8	1	4.1
Culver City	---	---	2	11.1
Hawthorne	1	14.7	---	---
Huntington Park	1	2.2	3	6.2
Inglewood	1	2.4	1	5.5
Lynwood	---	---	---	---
Maywood	1	9.1	---	---
Montebello	---	---	---	---
Monterey Park	3	23.2	2	14.7
San Fernando	2	14.9	1	5.6
San Gabriel	---	---	---	---
South Gate	---	---	1	2.8
Torrance	1	4.9	2	8.2
Madera County	4	15.0	3	8.4
Marin County	2	7.4	3	10.1
San Rafael	1	7.5	1	6.9
Mariposa County	---	---	---	---
Mendocino County	2	7.7	5	19.4
Merced County	3	4.8	4	6.0
Merced	2	13.3	1	5.4
Modoc County	---	---	1	9.8
Mono County	1	142.8	---	---
Monterey County	5	5.5	10	11.4
Monterey	---	---	2	10.9
Pacific Grove	1	10.0	1	10.3
Salinas	2	8.6	3	11.6
Napa County	2	8.9	3	11.9
Napa	1	9.0	3	24.6
Nevada County	1	7.3	1	9.1
Orange County	7	4.0	8	4.2
Santa Ana	2	5.3	1	2.1
Anaheim	---	---	---	---
Fullerton	---	---	---	---
Orange	---	---	2	9.1
Placer County	1	3.3	1	2.9
Roseville	---	---	---	---
Plumas County	---	---	2	24.1
Riverside County	9	6.6	10	6.9
Riverside	6	9.6	8	12.3
Corona	---	---	---	---
Sacramento County	11	5.0	10	4.4
Sacramento	11	5.6	10	5.0
San Benito County	---	---	1	5.8
San Bernardino County	14	6.3	14	5.9
Redlands	---	---	1	4.9
San Bernardino	10	11.2	3	3.8
Ontario	---	---	---	---
Colton	---	---	4	14.9
San Diego County	14	4.3	14	4.5
San Diego	11	4.2	13	5.3
Coronado	---	---	---	---
National City	2	10.5	1	5.0
San Francisco County	36	4.8	40	5.2
San Joaquin County	7	4.5	3	1.9
Stockton	2	3.4	2	2.9
Lodi	1	8.0	1	6.8
San Luis Obispo County	4	10.0	4	9.1
San Luis Obispo	3	14.3	3	13.2
San Mateo County	4	6.2	3	4.3
San Mateo	3	6.5	2	4.4
Burlingame	---	---	---	---
Daly City	1	55.5	---	---
Redwood City	---	---	---	---
South San Francisco	---	---	---	---
Santa Barbara County	8	7.5	13	11.7
Santa Barbara	4	8.1	6	10.8
Santa Maria	2	7.8	5	20.7
Santa Clara County	11	5.3	11	5.2
San Jose	3	5.0	1	1.3
Palo Alto	---	---	---	---
Santa Clara	---	---	---	---
Santa Cruz County	6	11.3	4	7.4
Santa Cruz	1	5.4	1	5.4
Watsonville	1	5.7	2	8.8
Shasta County	1	5.0	2	10.6
Sierra County	---	---	1	66.6
Siskiyou	2	5.8	3	8.2
Solano County	3	7.6	7	18.6
Vallejo	3	14.3	4	18.5
Sonoma County	2	2.8	5	7.2
Petaluma	1	6.2	---	---
Santa Rosa	---	---	3	14.7
Stanislaus County	5	5.4	6	5.6
Modesto	5	10.0	4	6.6
Sutter County	3	12.4	1	6.4
Tehama County	2	9.5	---	---
Trinity County	---	---	---	---
Tulare County	9	6.2	10	7.0
Visalia	1	6.7	1	5.5
Porterville	2	17.1	---	---
Tulare	1	8.2	1	7.8
Tuolumne County	2	23.2	---	---
Ventura County	10	9.2	7	6.0
Oxnard	3	11.3	---	---
Santa Paula	---	---	1	5.8
San Buenaventura	2	10.5	---	---
Yolo County	1	3.6	1	3.7
Woodland	---	---	1	7.4

MATERNAL MORTALITY—Continued

	1932		1931	
	Number	Rate	Number	Rate
Yuba County	2	11.5	1	5.2
Marysville	2	14.3	1	5.9
White	330	5.3	377	5.9
Negro	16	13.6	20	17.2
Indian	10	29.7	5	15.2
Chinese	2	2.7	2	2.5
Japanese	7	3.8	11	5.4
Mexican	80	7.0	91	7.0
Others	3	8.6	4	11.8
Totals	448	5.7	510	6.2

COMMUNICABLE DISEASE SUMMARY FOR
1932

Influenza and whooping cough were prevalent during the past calendar year. Reporting of the venereal diseases and tuberculosis is more effective than during past years. Following is a summary of communicable disease reports received during 1932:

Disease	Cases
Actinomycosis	7
Anthrax	4
Beriberi	---
Botulism	4
Chickenpox	24,613
Cholera	---
Coccidioidal Granuloma	18
Dengue	1
Diphtheria	3,209
Dysentery (Amoebic)	105
Dysentery (Bacillary)	302
Encephalitis (Epidemic)	57
Erysipelas	848
Food Poisoning	691
German Measles	586
Glanders	---
Gonococcus Infection	8,702
Hookworm	8
Influenza	17,131
Jaundice (Epidemic)	26
Leprosy	20
Malaria	50
Measles	13,646
Meningitis (Epidemic)	167
Mumps	6,528
Ophthalmia Neonatorum	24
Paratyphoid Fever	38
Pellagra	38
Plague	---
Pneumonia (Lobar)	3,787
Poliomyelitis	191
Psittacosis	43
Rabies (Human)	2
Rabies (Animal)	490
Relapsing Fever	15
Rocky Mt. Spotted Fever	7
Scarlet Fever	6,359
Septic Sore Throat	108
Smallpox	493
Syphilis	11,717
Tetanus	81
Trachoma	179
Trichinosis	84
Tuberculosis	10,873
Tularemia	8
Typhoid Fever	526
Typhus Fever	1
Undulant Fever	107
Whooping Cough	14,043
Yaws	---
Yellow Fever	---

The enlarged function of teaching health and citizenship and social living and means of happily and profitably using the increased and increasing leisure are essential and should be made known as such to every citizen in the community.—Thomas H. Briggs (1933).

KEEPING THE PUBLIC INFORMED

The dissemination of health information in a community is one of the most important factors in local health progress. The men and women who make up the community wield a great influence in local affairs and guide the trend of thought among groups. Correct information about disease prevention and health promotion if placed in their hands becomes their greatest weapon for advancing the cause of health.

Health truths are not learned quickly as many false notions have first to be dispelled and these as a rule are given up reluctantly. People do not accept new ideas readily until convincing arguments are presented or facts are repeated so often that they become familiar, and so no longer new. The health officer who first promoted immunization against diphtheria was wise enough to know that he must first educate his community. He must first convince every parent of the need for protecting young children against diphtheria, establish confidence in the method, and develop in their minds a desire to take advantage of this health measure for their children.

Ignorance is dispelled by the light of truth oft repeated and told in a variety of ways. Health truths are not spread by "over the back fence method" which is the greatest handicap of health progress in any community. Health information comes through the child at school who has learned simple facts in the health class and is urged to put them into practice; it is given by the family physician in his effort to keep the family healthy; it is discussed at the child health centers each week or each month when mothers attend with their preschool children for examination; it is brought by the public health nurse when she visits the home and shows the need of improving certain habits of hygiene; it reaches the mothers through the lips of some earnest well-trained speaker who appears at the women's club or church group; it appears as convincing argument at the men's club that health protection can be purchased through support of the local health officer's program; it comes in the wake of telling reports which show the city fathers how much cheaper it is to protect health than to fight an epidemic of disease or insanitary conditions; it comes over the air when various members of the family are gathered together at their own fireside; it may greet them at the local theater; it appears in printed form in special leaflets and daily newspaper.

No one method alone can develop a health consciousness in a community. But the sum total of all these vehicles for health education, if facts are correctly and convincingly presented, will be the means of promoting health through a well informed public—*Connecticut Health Bulletin.*

SUICIDE RATE SHOWS SLIGHT INCREASE

There were 1709 suicides in California in 1932 as compared with 1598 in 1931, an increase of 111. During years of hard times suicide rates always increase. It is certain that the present economic depression produces damage to mental health as well as to physical health. Worry and sense of loss of security, experienced so commonly during these trying times, constitute important factors in the production of a higher suicide rate. It is recognized, however, that most suicides occur among single men past middle age who have no home ties nor personal responsibilities. This is shown in the fact that suicide rates are higher in those localities where casual laborers congregate. In certain localities, also, where invalids from other States are present in large numbers, suicide rates are often high. Such individuals often arrive in California communities in advanced stages of illness, completely without funds and cut off from home ties. The combination of incurable illness and lack of funds often leads to self-destruction. Suicide, however, is a phenomenon. A certain proportion of the population at all times will resort to self-destruction, but nevertheless suicide can never be regarded as a normal action. It must always be classified as a phenomenon, concerning which, at the present time, little is known definitely.

Most individuals who commit suicide make use of spectacular methods. Firearms are used most commonly in self-destruction. In 1932, 716 out of 1709 individuals who committed suicide in California used firearms; this represents 41.9 per cent of the total. As long as firearms may be obtained readily it is probable that this will be the method most commonly used in self-destruction. There is something in the use of firearms that appeals to the dramatic sense of the individual and since more than 40 per cent of suicides are due to the use of such weapons it would seem that legislation to make firearms less readily available might possibly be effective in lowering the suicide rate.

The use of poisons, both solid and liquid, are also used commonly in bringing about self-destruction. Three hundred and sixty-seven out of a total of 1709 individuals who committed suicide last year in California used poisons as the means of self-destruction. A total of 197 individuals used hanging and strangulation and 166 individuals used poisonous gases in doing away with their own lives. There has been a marked reduction in the number of suicides due to the use of poisonous gases. This may be attributed to the fact that the natural gas which is now supplied in most California cities contains little or no carbon monoxide and suicide through the use of natural gas

is a slow and painful process. This gas produces asphyxiation and great discomfort but it does not produce death in the sudden and painless way that the manufactured gas, with its high content of carbon monoxide, produces.

Among other methods used in suicides during 1932 are cutting or piercing instruments, 89; jumping from high places, 78; drowning, 64; and crushing, 18.

SUICIDES IN CERTAIN CITIES, 1931-1932

	1932	Rate	1931	Rate
CALIFORNIA	1709	27.7	1598	26.8
Oakland	71	23.7	84	28.7
Berkeley	13	14.8	22	25.8
Fresno	6	11.1	14	26.2
Eureka	7	42.7	9	55.9
Bakersfield	5	18.1	12	44.5
Los Angeles	397	28.7	343	26.0
Long Beach	39	24.2	30	19.6
Pasadena	19	22.9	17	21.3
Santa Monica	16	38.1	12	30.1
Glendale	8	10.8	10	14.5
Beverly Hills	6	28.4	1	5.1
Santa Ana	7	20.8	8	24.9
Sacramento	42	42.0	43	44.2
San Bernardino	10	24.0	12	30.1
San Diego	64	39.0	69	43.9
San Francisco	259	39.1	247	38.0
Stockton	16	32.2	17	34.7
San Mateo	6	39.8	4	27.8
Santa Barbara	6	16.3	4	11.3
San Jose	10	16.2	11	18.4

MORBIDITY*

Diphtheria

45 cases of diphtheria have been reported, as follows: Kern County 1, Los Angeles County 4, Beverly Hills 1, Glendale 3, Huntington Park 1, Los Angeles 25, San Marino 1, Santa Monica 3, Monterey County 1, Carmel 1, Sacramento County 1, San Diego 1, San Francisco 1, Ventura 1.

Influenza

47 cases of influenza have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 13.

Measles

1219 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 197, Alhambra 24, Culver City 11, Glendale 48, Huntington Park 20, Long Beach 32, Los Angeles 526, Pasadena 53, San Gabriel 36, Santa Monica 47, South Gate 29, Fairfax 14, Santa Ana 15, Upland 22, San Diego 11.

Scarlet Fever

161 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 27, Los Angeles 37.

Whooping Cough

459 cases of whooping cough have been reported.

* From reports received April 10th and 11th for week ending April 8th.

Those communities reporting 10 or more cases are as follows: Alameda 18, Berkeley 25, Oakland 38, Fresno County 16, Fresno 27, Los Angeles County 29, Glendale 10, Los Angeles 32, Sacramento 35, San Diego 16, San Francisco 51, San Joaquin County 11.

Smallpox

43 cases of smallpox have been reported, as follows: Los Angeles County 6, Los Angeles 28, Riverside County 1, San Bernardino County 2, Lompoc 2, San Jose 2, Santa Clara 1, Lindsay 1.

Typhoid Fever

7 cases of typhoid fever have been reported, as follows: Long Beach 1, Sacramento County 3, Sacramento 1, San Joaquin County 1, Stockton 1.

Meningitis (Epidemic)

4 cases of epidemic meningitis have been reported, as follows: Kern County 1, Los Angeles 1, Sacramento 1, San Francisco 1.

Leprosy

One case of leprosy from San Joaquin County has been reported.

Poliomyelitis

3 cases of poliomyelitis have been reported, as follows: Los Angeles 2, San Luis Obispo 1.

Encephalitis (Epidemic)

One case of epidemic encephalitis from San Joaquin County has been reported.

Trichinosis

One case of trichinosis from Alameda has been reported.

Coccidioidal Granuloma

2 cases of coccidioidal granuloma have been reported, as follows: Kern County 1, Los Angeles 1.

Food Poisoning

4 cases of food poisoning have been reported, as follows: Madera County 1, San Francisco 3.

Undulant Fever

5 cases of undulant fever have been reported, as follows: Pasadena 1, Orange County 1, Riverside County 1, Riverside 1, Ventura 1.

Septic Sore Throat

3 cases of septic sore throat have been reported, as follows: Oakland 1, Glendale 1, Santa Monica 1.

Actinomycosis

One case of actinomycosis from Stanislaus County has been reported.